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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 539	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>7</u>			
TOWNSHIP <u>Yuma</u> OR VILLAGE				CITY <u>Yuma</u> NO. <u>108</u> ST. <u>47</u> WARD					
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)									
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>22</u> YRS. <u>47</u> MOS. <u>47</u> DS.				HOW LONG IN U. S. OF FOREIGN BIRTH? <u>47</u> YRS. <u>47</u> MOS. <u>47</u> DS.					
2. FULL NAME <u>Amelia Munoz Alvarez</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>47</u> YRS. <u>47</u> MOS. <u>47</u> DS.					
(A) RESIDENCE: NO. <u>Yuma Arizona</u> ST. <u>ARIZONA</u>				(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH					
3. SEX <u>female</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 17 1938</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED				HUSBAND OF <u>Andres Alvarez</u>		22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Jan 14</u> TO <u>Jan 17</u> 19 <u>38</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 2 1870</u>				7. AGE YEARS <u>67</u> MONTHS <u>5</u> DAYS <u>15</u> IF LESS THAN 1 DAY, HRS. OR MIN.		LAST SAW <u>ALIVE</u> ON <u>Jan 16</u> 19 <u>38</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>12:50 p. m.</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u>		13. NAME <u>Manuel Munoz</u>		14. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u>		NAME OF OPERATION <u>None</u> DATE OF <u>1938</u>			
15. MAIDEN NAME <u>Juana Ayala</u>		16. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u>		17. INFORMANT (ADDRESS) <u>Francisco Munoz Yuma Arizona</u>		WHAT TEST CONFIRMED DIAGNOSIS? <u>None</u> WAS THERE AN AUTOPSY? <u>No</u>			
18. BURIAL, CREMATION, OR REMOVAL XX <u>Burial</u>		19. EMBALMER (ADDRESS) <u>The Johnson Mortuary Yuma Arizona</u>		20. FILED <u>Jan 18 1938</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>None</u> DATE OF INJURY <u>1938</u>			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 17 1938</u>		22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Jan 14</u> TO <u>Jan 17</u> 19 <u>38</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>None</u> DATE OF INJURY <u>1938</u>		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
24. MANNER OF INJURY		25. NATURE OF INJURY		26. AS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>		IF SO, SPECIFY (SIGNED) <u>M. D.</u>			
27. (ADDRESS)		28. (ADDRESS)		29. (ADDRESS)		30. (ADDRESS)			